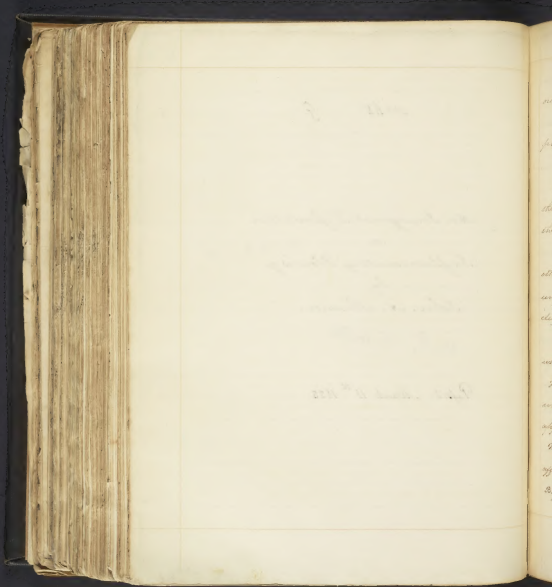


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An Inaugural Dissertation  
on  
Inflammatory Pleurisy  
by  
John. A. Skinner.

N. B. 146 58<sup>th</sup>Passed March 18<sup>th</sup> 1823



We shall treat of this disease in the following order.

First. The nature; Second. Cause; Third. Symptoms. Inflammatory Pleurisy.

First the nature of the disease.

The existence of this disease has been known since the days of Hippocrates; but it is of late, only, that the true nature of it has been understood.

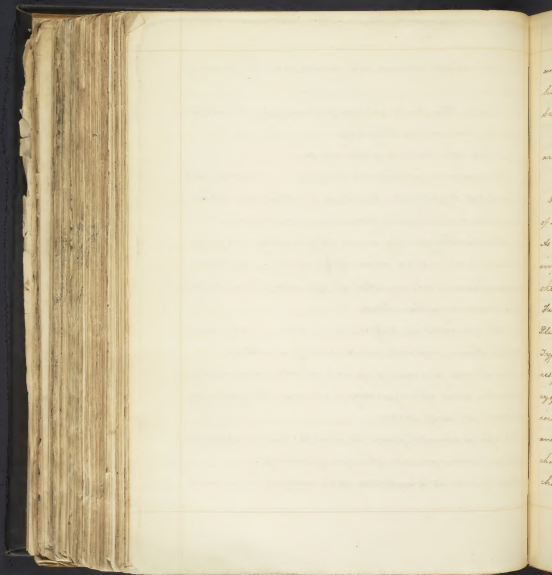
It was thought by some to be contagious; by others it was viewed as an epidemic. We have unquestionable proof that it spreads through families, and neighbourhoods.

All climates are subject to it; those most however which have violent vicissitudes of weather.

This disease is most frequent at the latter end of winter, and the beginning of spring; but it may appear at any season.

No age is exempt from its attacks; but it seldom affects persons under the age of puberty.

By Dr Cullen it is supposed to be confined to middle



and advanced life. Some of the most severe cases which have fallen under our observation however have been persons about the age of puberty.

Those who are of a robust and plethoric habit are most liable to this disease.

Secondly. Variety of the disease.

We will confine our remarks to those four varieties of this disease which appear in our Southern States. As much, because they must be of greater interest and importance to us, as, that there will be found among them a form not mentioned by writers.

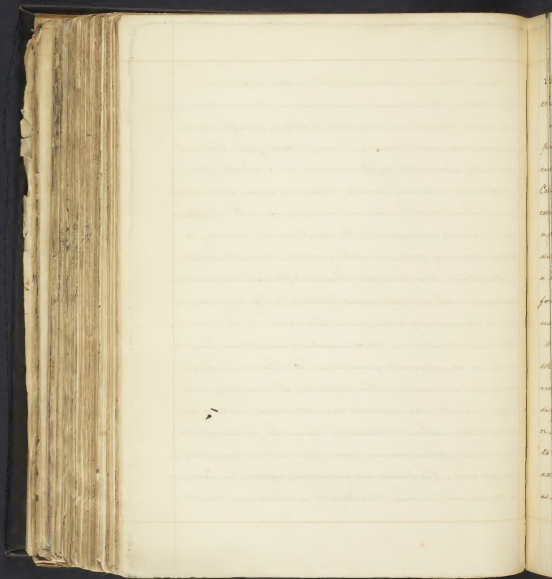
First. Simple inflammatory Pleurisy; Second. Typhus Pleurisy, or Pleurisy attended with fever of Typhus or Typhoid character; Third. Inflammatory Bilious Pleurisy, with symptoms of congestion in the liver or a redundancy of bile and an inflammatory fever, Fourth the Typhoid Bilious Pleurisy, with the same bilious symptoms and appearance of Hepatic determination and a fever of alone Typhoid character. It is the first of these varieties which we have chosen for the subject of the present essay.

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Third. Pleurisy attended with inflammatory action.

Symptoms. This disease commences in the usual manner with chill, and fever. The breathing is difficult accompanied with pain in some part of the thorax, generally about the fifth or sixth rib; which is pungent and most commonly remains fixed, but sometimes shoots to the scapula or sternum. The pulse is full, hard, and quick; The cough in the beginning is hard and dry followed with expectoration streaked with blood. The face soon becomes flushed and swollen attended with determinations of blood to the head sometimes producing delirium. The skin is hot and dry, the urine varies in its character; sometimes limpid and in considerable quantities; at other times high coloured and scanty. The difficulty of breathing is always present; the patient cannot always make a long inspiration without considerable pain, he is also affected by position, experiencing most pain when lying on the side affected. The bowels are deranged; affected by costiveness or too much relaxed. The tongue is white and rough



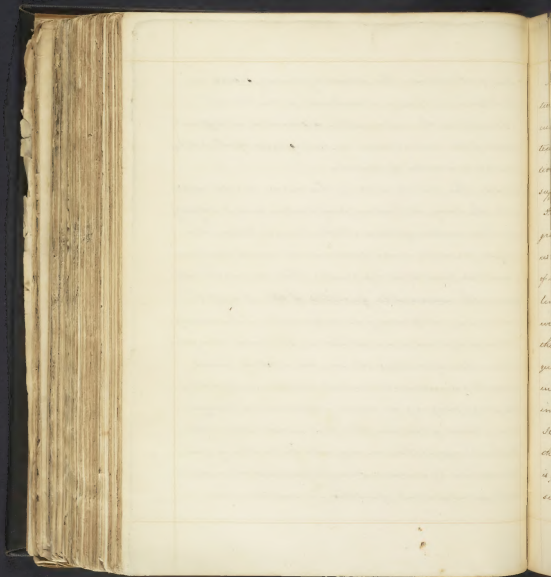


seat of the disease. This disease is generally seated in the Pleura, or lining membrane of the thorax.

Sometimes the inflammation is situated in different parts of the membrane; in consequence of which it has received a variety of names.

Causes. The remote cause of this disease is cold applied to the body obstructing perspiration and producing a determination of blood to the lungs. When this disease prevails as an epidemic it must also have a remote predisposing cause; This we must look for in the ~~unsensible~~ qualities of the atmosphere not in any vicissitudes of its temperature or humidity.

When it appears as an epidemic, it is more dangerous than when sporadic; Among the existing causes may be innumerable violent exertion in speaking, singing, playing on wind instruments of music, or any kind of exertion that gives inordinate action to the lungs, to these we may add the breathing of air adulterated by an admixture of deleterious vapours; such as the fumes of arsenic, of sulphur, or muriatic acid.



...concentrated into a point. The vessel is a ...  
 ...the ... of blood ... to the ...  
 ...the ... of the ... ... collecting the ...  
 ...the ... that ... a ...  
 ...

It is also remarkable in ... ...  
 ... ... but the ... ...  
 ... the ... ... the ...  
 ... ... a ...  
 ... with deep ...  
 ... a blackish ... a ...  
 ... the ... a ...  
 ... a ...  
 ... a ...  
 ... a ...  
 ... a ...

It has also been known to terminate in ...  
 ... the ...  
 ... is ...  
 ... the ...



can most often be a morbid and even

debilitating inflammation, is an other source in which  
Pneumia commences.

Prognosis. The prognosis can be given only after  
knowing the local and general symptoms.

A violent pneumonia; great intensity of breathing great  
coughing when the patient is laid on his side  
and on his back; but is obliged to give up  
an erect position; he has a hurried respiration about 30  
times in a minute; an irregular pulse, and frequent  
cough aggravating the pain; the acute form is in  
imminent expectation. At this time, due to the  
inflammatory action all these symptoms become more  
exaggerated. The inflammation which tends to form the  
effusion in pneumonia is a violent inflammation  
of a thick white or yellowish matter a little sticky and  
viscid. When the inflammation has subsided, the  
whole body becomes weak, an acute mental state  
the shortness and frequency of the pulse and the brownish  
color of the skin also shows the inflammation by itself and

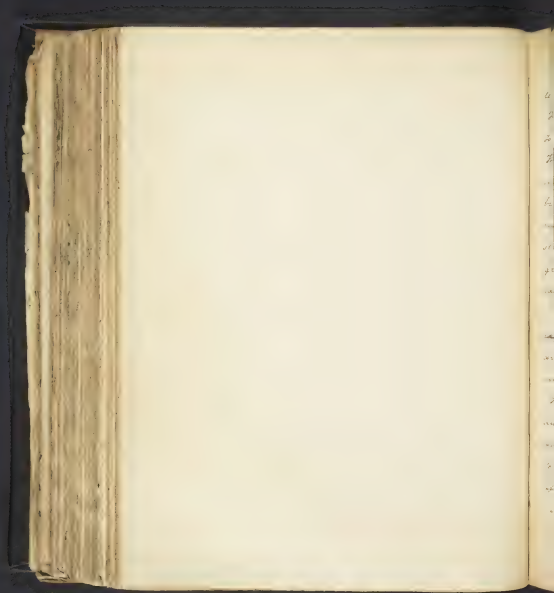


exhalation of urine with a stercoraceous sediment and the  
emptying of the bladder. These symptoms are fatal.

When this hæmaturia is fatal it is between the  
fourth and seventh day, but in some instances death  
takes place at a later period. When the hæmaturia is ma-  
jor, red streaks take place during the first week,  
but when it is moderate, it often is delayed to the  
second week. Occasionally a remission takes place  
from the third to the seventh day, but this is gen-  
erally fallacious; on the eighth day, when it returns  
with increased violence and with greater danger.

Diagnosis. The diagnosis of this disease are the  
following. The urine is dark, smoky, red, and fre-  
quently, the colour is very painful; the third day  
and sometimes the tongue is white, and rough; the  
urine longer, and thicker; the hæmaturia, urgent in the  
night or at night; the difficulty of breathing not so  
great as in hæmaturia; when fatal it terminates  
in effusion.

Indications of cure, in the course of the disease, it.





lention should be made to the following indications  
First To remove the inflammatory action & second  
To counteract the determination of blood to the lungs  
Third To remove exhalation. To meet the first  
indication a venous and copious incision is to  
be made use of. The incision should be  
superficial in the extent of the symptoms, and  
the width of the incision. To draw blood with the  
greatest advantage, the patient should be made  
lay, so allow a bold and vigorous stroke to flow.

In a stout robust habitus with a congested pleu-  
ra, when there is a strong pulse, much pain,  
and difficulty of expectorating, even ounces of blood  
may be taken generally at the first operation.

And sometimes will not be sufficient to arrest the  
attack. In a few hours after the first bleeding we  
may in the progress of the symptoms be called  
to repeat the operation and sometimes to the same  
extent; which however this is not often necessary.  
A good rule in violent cases of pleurisy, in the



early stage is not to be up the arm until the  
pain ceases, and the respiration is relieved.

Emission may be effected at any period of the  
disease when the symptoms seem to demand it.

In the first stages of the disease drawing promotes  
expectoration.

It frequently happens during the progress of the  
disease, that after ~~drawing~~ the lancet as frequently  
as the strength of the patient will bear, a good  
deal of pain with considerable relief in the matter  
a local infection still remains. At this period of  
the disease we may make use of local blood letting  
by cups, leeches and scarifications. Fresh applications  
some times act as a charm, and may be made use  
of at any period of the disease.

The appearance of the blood is various. The in-  
flammatory crust is often present at this time it is  
not observable. The only certain indications which  
we have is the progress or recovery of the disease.

When spontaneous evacuations occur, and relief



the sumptuous, there is no mystery in being led into  
and it should be entered in the household to  
have the strength of the nation. But if such are  
national acts without approving itself, then the  
household must not believe in them the use of re-  
medial. It increases from the more severe we are  
exercised to increase and control the mind.

To fulfil the second mission we must make  
use of wisdom, which should be written in the  
household, after rational action is understood. Then  
should be advised as near the seat of the house as  
possible. In the house should not be divided into  
a abolition, the sister may be removed.

We may also make use of common conversation.

The house should be held in a solid state  
in some household; but should be considered from  
the house always more improved, and should be  
in the world to. Disputes may be made  
in the world to, and it should be considered from the  
house in the household stage, we should be in







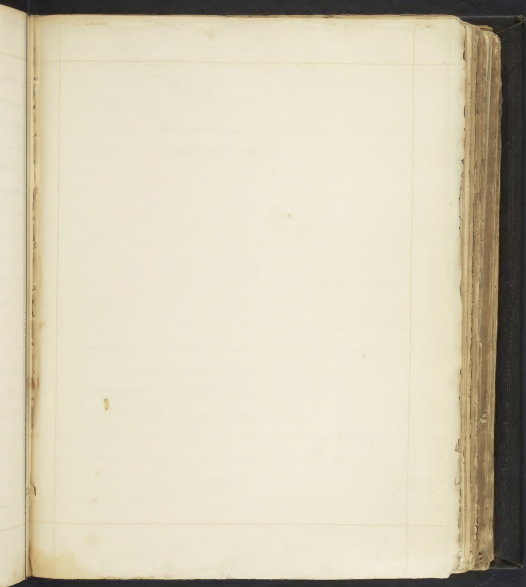


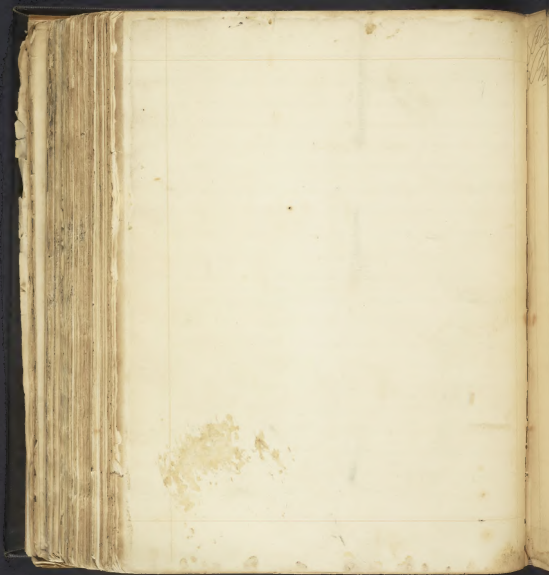
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There is a wide, low, sandy beach, the widest  
anywhere, & nothing but a narrow strip of low  
vegetation, or a few small trees, are visible from  
the sea. The beach is covered with a soft, spongy  
moss, which is very comfortable to sit on.  
The water is very shallow, & the sand is very  
fine & soft. The beach is very long, & the  
water is very shallow, & the sand is very  
fine & soft.







Pleurisy }  
Pneumonia }  
Wol }  
Pneumonia

68 J.

1824

Dr. R. Stone

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